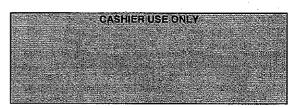


Washington State Department of Agriculture Food Safety & Animal Health Division Office of the State Veterinarian PO Box 42577 Olympia WA 98504-2577 (360) 902-1878



4003

APPLICATION FOR A RENDERING PLANT LICENSE FEE: \$100.00

APPLICANT INFORMATION						
NAME OF OPERATOR	•	,	TELEPI	HONE NUMBER		
			()		
FIRM NAME			<u> </u>			
MAILING ADDRESS		PHYSICAL ADDRESS OF	F PLANT			
MAILING CITY, STATE, ZIP		PHYSICAL LOCATION CITY, STATE, ZIP				
		·	•			
NAME OF MANAGER			TELEPI	ONE NUMBER		:
			()		
BUSINESS STRUCTURE INFORMATION						
TYPE OF BUSINESS STRUCTURE (CHECK ONE)						
INDIVIDUAL PARTNERSHIP (attach copy of partnership agreement) CORPORATION						
PARTNER #1/PRESIDENT NAME	NER #1/PRESIDENT NAME PARTNER #1/PRESIDENT COMPLET					
PARTNER #2/VICE PRESIDENT NAME	PARTNER #2/	/ICE PRESIDENT COMPLE	TE ADDR	ESS		
		•				
PARTNER #3/TREASURER NAME	PARTNER #3/	REASURER COMPLETE A	DDRESS			
					,	
PARTNER #4/SECRETARY NAME	PARTNER #4/S	SECRETARY COMPLETE A	DDRESS			
APPLICANT CERTIFICATION						
I have reviewed and understand RCW 16.68.110 - Duty of Licensees as to Premises and RCW 16.68.120 - Duty of Licensees—Standards (: see back page). I understand that all licenses expire June 30 th of each year.						
SIGNATURE OF APPLICANT		······································	DA	TE SIGNED		
				· ·		
		·				

Make check or money order payable to: WSDA

Mail this application with remittance to: Washington State Department of Agriculture

State Veterinarian PO Box 42591

Olympia WA 98504-2591